PHARMACY AUTOMATION INSPECTION REPORT

DEPARTMENT OF HEALTH PROFESSIONS
6603 W. BROAD ST, 5TH FLOOR
RICHMOND, VA 23230

Facility Name:	
Facility License No:	Date:

Rev: 09/16/2003

Section No Regulation No.	AREA/QUESTION	COMPLIANCE YES	COMPLIANCE NO	Section No Regulation No.	AREA/QUESTION	COMPLIANCE YES	COMPLIANCE NO
	GENERAL			110-20-490 (2)	Record maintained chronologically and for 2 years in pharmacy?		
54.1-3434.02 (A.1)	Drugs placed in devices are under the control of the pharmacy providing services to the hospital?			110-20-4890 (3)	For CII-V drugs, count is verified at time device is loaded. Identified discrepancies are reported and reconciled?		
54.1-3434.02 (A.6)	Filling and stocking performed by a pharmacist or non-pharmacist with current NPTCB certification?			110-20-490 (4)	**DISTRIBUTION RECORD**		
					Patient name?		
54.1-3434.02 (B)	Drugs are in manufacturer's or distributor's original packaging or in unit-dose containers packaged by the pharmacy?				Drug name and strength?		
					Dose withdrawn?		
110-20-490 (8)	Users have specific access codes with records to identify the person accessing the device?				Dose to be administered?		
					Date & time of withdrawal?		
110-20-490 (6)	If device is used for dispensing from an emergency center AND a separate dispensing log is not used, does the device distinguish between dispensing and administration and identify dispensing physician?				Identity of person withdrawing drug?		
				110-20-490 (5)	**AUDIT/REVIEW**		
54.1-3434.02 (A.3)	Removal of drugs from device are made pursuant to a valid prescription of lawful order of a prescriber?				Audit & review of all distribution and administration of CII-V drugs is conducted monthly for each device?		
	POLICIES & PROCEDURES				Audit reconciles quantities loaded in device, and still on hand with quantities removed for administration?		
54.1-3434.02 (A.4)	Adequate security is provides as evidenced by written policies and procedures for:				Audit checks for compliance with written Policy & Procedure for security and use of device?		
	Preventing unauthorized access?				Random audits conducted to assure that a valid order exists?		
	Complying with federal and state regulations?				Hard-copy distribution records printed and reviewed in the audit:		
	Maintaining patient confidentiality?				Dated?		
	Assuring compliance with 54.1-3434.02?				Initialed by person conducting the audit?		
54.1-3434.02 (A.2)	Accurate stocking and proper storage of drugs?				Initialed and dated by pharmacist if conducted by non-pharmacist?		
	Accountability and security of all drugs until removed for administration to the patient?				Maintained in pharmacy for 2 years?		
54.1-3434.02 (A.6)	Training for individuals filling and stocking device?				If audit records are maintained electronically:		
110-20-490 (1)	**DELIVERY RECORD**				Stored in "read only" format?		
	Generated for all drugs placed in device?				Electronic record maintained for 2 years?		
	Date?				Log contains audit dates, identity of device audited, time period covered by audit & review, and initials of reviewers?		
	Drug name, strength, form, and quantity?			110-20-490 (7)	Devices are inspected monthly by pharmacy personnel to verify proper storage, proper location of drugs within device, expiration dates, security of drugs and validity of access codes?		
	Hospital unit & unique identifier of device?						
	Initials of person loading device?				System Used: Acudose / Pyxis / Suremed / Other		
	Initials of person reviewing transaction?						
110-20-490 (2)	Delivery record for CII-V drugs is signed by nurse or person authorized to administer drugs from specific device?			This facility has been inspected by an inspector of the Department of Health Professions. The results of the inspection have been noted. I acknowledge that the noted conditions have been deemed by the inspector as not being in compliance and have been explained to me and that I have received a copy of the inspection report.			

Inspector_____ Date _____ Pharmacist _____ Date _____